

*Community*

# Health Works

*Transforming Health Together*





# ***Community Health Works of Georgia***

*A Vertically Integrated Rural/Suburban Network Serving Nine Counties of Central Georgia*

***Who We Are  
What We Do  
Value Measurements  
Bottom Lines and Opportunities***

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**Health Care Central Georgia. Inc.**  
**D/B/A**  
**Community Health Works**  
**Region**





***A region of great need...***

***Rural***

***Minority***

***Poor***

***Un- or Publicly Insured,***

***Underserved  
by a Fraying Service System***

***Disabled and Dying Preventable Deaths***



***Out of Great Need....***

***.... Possibility***

***How can we better, together, serve the  
uninsured than we've been doing  
separately?***



## ***Who We Are...***

Public/private partnership of providers, community leaders and county governments with common mission of improving communities physical and fiscal health

Originally born from a convening intent to more effectively address common problem of uncompensated care

## ***Our Current Board Leadership***

- 2 Primary Care Physicians
- 2 Specialty Physicians
- 5 Hospital CEOs
- 1 District Health Director
- 2 Behavioral Health System CEOs
- 1 Foundation CEO
- 1 Medical School Dean
- 1 Volunteers in Medicine Clinic  
Chairman
- County Commissioners from 4  
Counties  
(2 Chairmen)
- 1 Family Connection Regional  
Coordinator
- 1 Twiggs County Community  
Leader



## **Our experience....**

- Enrollment based program
- Uninsured adults 19-64 years old with incomes under 235% FPL and either hypertension, heart disease, diabetes or depression
- Three components:
  - Access to continuum of primary and specialty care, labs/diagnostics, life-sustaining pharmaceuticals and hospital services
  - Disease management
  - Holistic care management





## ***Guiding Tenets:***

- ***Take care of patients***
  - ***Process (satisfaction)***
  - ***Outcome (access, health status)***
- ***Add value to partners***
  - ***Make them money (revenue – coverage, grants)***
  - ***Save them money (utilization)***
  - ***Be easy to deal with (satisfaction)***
  - ***Make them look good (intangible, build will and commitment)***



**In the region, we've learned much about:**

Data tracking and sharing

- For better care
- For quantifying results



## Data Tracking and Sharing

- HIPPA Compliant Regional Web IT System Completed  
*Screening, Enrollment, Provider Assignment, Service Tracking across Continuum, Assessment, Care Planning, Care Management (including PPAP), Tracking of HCFA 1500, UB 92*
- Interfacing among partners possible

# *Patient Service Data*

June 26, 2001 –  
December 9, 2003



## ***Patient-Focused Care Coordination***

- To date, have coordinated more than \$8M in care across more than 100 providers
  - Primary and specialty (including behavioral health, dental and ophthalmic)
  - Public health
  - Labs and diagnostics
  - Hospital
  - Pharmaceuticals, supplies and DME

# Current Network Status



	Physicians/Clinics	Pharms
<b>Bibb</b>	<b>28 MDs</b> 24 PCPs, 4 specialists, <b>2 clinics</b>	<b>7</b>
<b>Crawford</b>	<b>1 MD-PCP</b>	<b>1</b>
<b>Houston</b>	<b>39 MDs</b> - 16 PCP, 23 specialists	<b>3</b>
<b>Jones</b>	<b>2 MDs</b> - PCPs	<b>3</b>
<b>Monroe</b>	<b>8 MDs</b> - 7 PCPs, 1 specialist	<b>3</b>
<b>Peach</b>	<b>6 MDs</b> - PCPs	<b>2</b>
<b>Twiggs</b>	<b>2 MDs</b> - PCPs	<b>1</b>
<b>Macon/Taylor</b>	<b>3 MDs</b> – 3 PCPs, 1 specialist	<b>2</b>
<b>Totals</b>	<b>90 MDs</b> – 61 PCPs, 29 Specialists, <b>2 clinics</b>	<b>22</b>



## ***Taking care of patient members...***

<b>2020 served, 345 enrolled awaiting MD</b>	
<b>Average Educational Level</b>	11 <sup>th</sup> Grade
<b>Average Income</b>	\$5044.20/yr
<b>Average Number Diseases/Member</b>	2 56 Different
<b>Average # Meds Per Member</b>	4.96 1151 Different

## *Member Snapshot*

<b>Gender</b>	70% Female 30% Male
<b>Race</b>	68% African-American 30.3% White <1% Hispanic <1% Asian



## ***Delivered to Date***

<b>\$1,035,335.97</b>	Recovered health coverage
\$3,969,455.00	Grant funds to region made possible by organization
<b>\$376,553.28</b>	Grant funds directly to partners
\$151,952.81	MD Services
\$85,646.59	MH/SA Services
\$ 11,049.93	Ophthalmology/Optometry Services
\$ 2298.00	Dental Services
\$5,619,329.83	Hospital Services (6 hospitals)
\$2,058,323.76	Medications/Supplies

## ***Delivered to Date – Medication/Supplies Breakdown***

<b>\$2,058,323.76</b>	in medications/ supplies
\$34,238.59	Medication samples
\$1,216,640.95	Hospital donated meds
\$31,723.41	MH/SA meds
\$357,121.91	Medical supplies
\$24,600.74	Linkage to existing resources
\$393,998.16	Drug co. assistance programs
<b>\$196,657.63</b>	Direct purchase



## ***Delivered to Date – For Tomorrow***

<b>56</b>	Monroe County local indigent med program
<b>5833</b>	Drug company patient assistance applications
<b>47</b>	CHW assisted applications for SS Disability
<b>47</b>	CHW assisted apps for Medicaid/Peachcare
<b>589</b>	CHW assisted applications for GPCF
<b>129</b>	CHW assisted apps for Komen Grant

# Community Health Works Evaluation

**William Custer, Ph.D.**

Georgia State University

# CHW Members

- Studying the healthcare utilization of 1740 members
- Over 1400 currently active
- Average 3 disease states per member
  - 38% with Diabetes
  - 23% with Heart Disease
  - 79% with Hypertension
  - 27% with Depression

*August 2003 Data*



# Overall Comparison

C H W

Rates Per Member

MEPS

Rates Per Member

Discharges: .193

Discharges: .24

ER Visits: .33

ER Visits: .52

Extra *Annual* Discharges at MEPS rates:  
\$303,000

Extra *Annual* Costs if ER Visits at MEPS rates:  
\$45,505

*August 2003 data*

# Trends over Time

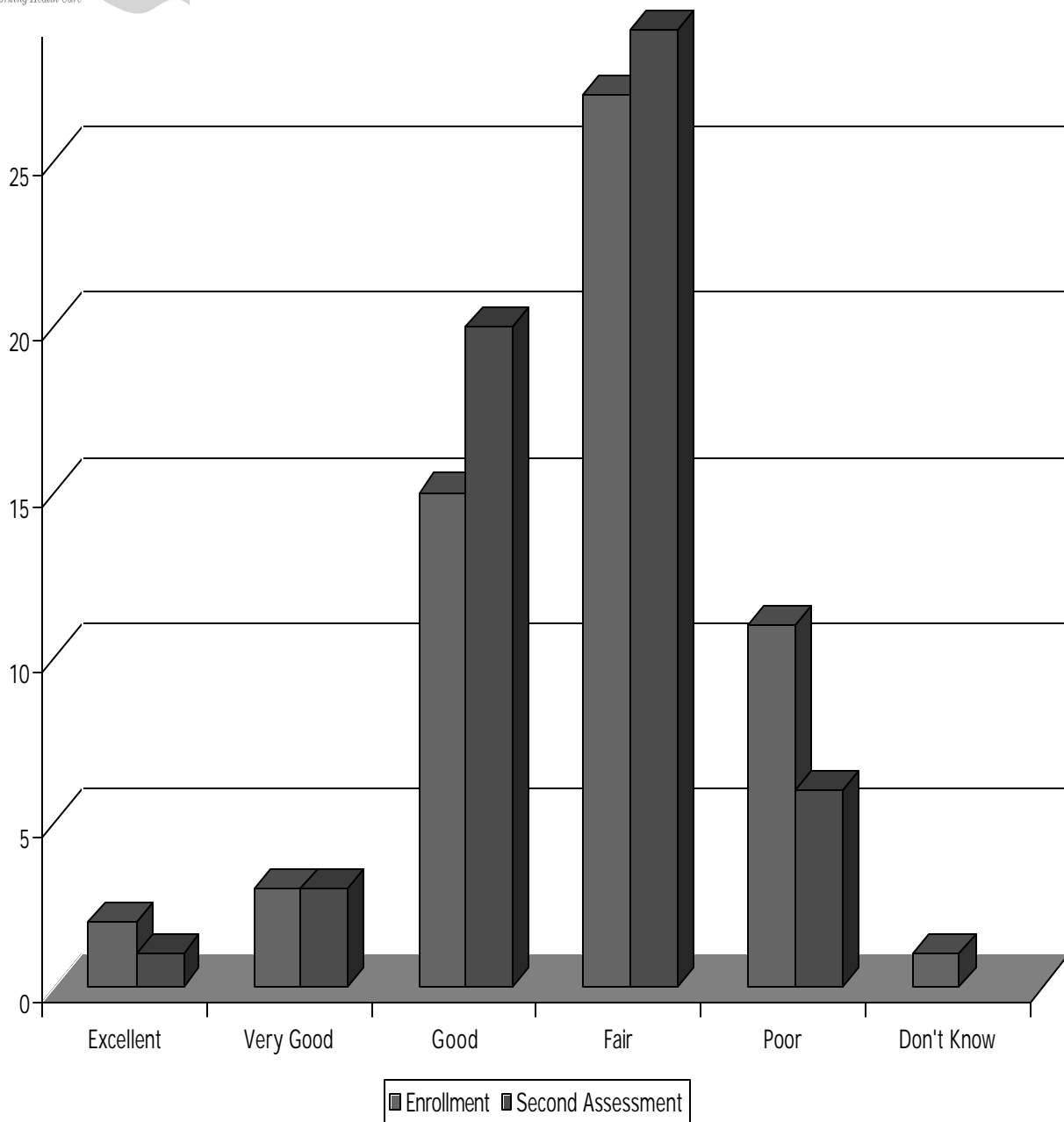
For those with more than 6 months of membership (58% of total members)

- 70% of ER visits occur in first 6 months of membership
- 66% of hospitalizations occur in first 6 months of membership

*August 2003 data*



## Change in Self-Assessed Health Status December, 2002







## Bottom Lines:

- ✓ **This model of proven to improve health and save money**
- ✓ **“The news is good and only going to get better.”**

*William S. Custer, Ph.D. 8/21/03*

## **A Different Frame....**

- **Think how can the health/healthcare crisis be used as an opportunity to:**
  - **Align multiple incentives?**
  - **Use healthcare spending to fuel economic development in communities?**
  - **Harness the power of communities to improve health?**



**As leaders...**

**Our job is not  
to fix the past.**

**Our job is  
to create the future.**



**Leaders make things  
possible.**

**Great leaders  
make them inevitable.**